

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/562,866
Filing Date	May 16, 2008
First Named Inventor	Bron Morein
Art Unit	1645
Examiner Name	Nina Archie
Attorney Docket Number	1876.052US1

**RECEIVED
CENTRAL FAX CENTER**
JUN 25 2010

To: Commissioner for Patents

P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

- all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners associated with Customer Number: 21186

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reasons for this request are those described in 37 C.F.R.:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.
Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

B. Inventor or Assignee Name Isconova AB

Address Uppsala Science Park, Dag Hammarskjölds Vag 54A

City Uppsala State Zip SE-751-83 Country Sweden

Telephone Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature *Monique M. Pordok Shonka*

Name Monique M. Pordok Shonka Registration No. 42,989

Address 1600 TCF Tower, 121 South 8th Street

City Minneapolis State MN Zip 55402 Country USA

Date *June 25, 2010* Telephone No. (612) 373-6905

NOTE: Withdrawal is effective when approved rather than when received.